

Infectious Diseases Society of America's Policy on State Immunization Mandates

The Infectious Diseases Society of America (IDSA) recognizes the great benefits that vaccines provide for the public health. Substantial scientific evidence demonstrates vaccines' enormous value in protecting individuals and populations from serious and life-threatening infections. Scientific evidence also demonstrates the overall safety of vaccines. Communities are most effectively protected when all are immunized.

Based upon these findings:

1. IDSA supports universal immunization of children, adolescents, and adults, according to the recommendations and standards established by the U.S. Advisory Committee on Immunization Practices (ACIP), National Vaccine Advisory Committee (NVAC), and the Centers for Disease Control and Prevention (CDC).

2. IDSA supports and strongly encourages states to enact and enforce immunization mandates except where immunization is medically-contraindicated. States have a tremendous, vested interest in protecting their citizens against vaccine-preventable diseases. Maintaining high immunization rates is critical for protecting the most vulnerable persons in the community who are not adequately protected by receiving vaccines (i.e., persons who cannot be vaccinated due to medical contraindications, infants too young to be vaccinated, and individuals who do not respond to vaccination).

3. IDSA urges that all efforts be made to provide universal access to all recommended immunizations.

To accomplish this, States should:

- *remove financial and other barriers to immunization;*
- *ensure that scientifically accurate and understandable information on vaccines and vaccine-preventable diseases is readily available in all languages commonly used in their communities; and*
- *ensure that immunization mandates are implemented uniformly at the local level.*

4. IDSA is concerned about non-medical vaccine exemptions and the ease with which these exemptions are obtained. Studies demonstrate that the easier it is to receive an exemption, the higher the rate of exemptions in a particular state. As the number of exemptions increases, the risk of vaccine-preventable disease increases. Therefore, states must make every effort to minimize the number of its citizens exempted from immunization mandates. Such exemptions make the state legislatures who grant them, as well as the individuals who receive them, responsible for placing the remaining state population at greater risk of acquiring potentially fatal infections. Exemptions increase health costs by the need to investigate and control avoidable outbreaks; costs that are paid by state and federal taxpayers—the overwhelming majority of whom have chosen to be vaccinated.

To address this, States should:

- *eliminate exemptions to immunization mandates based on non-medical indications, because intentionally unvaccinated individuals pose an unacceptable danger to the public;*

- ***track exemption rates and assess the impact that exemptions may have on disease rates;***
- ***ensure that all state-granted exemptions be reviewed on an annual basis; and***
- ***require individuals seeking a belief-based exemption (in states that still choose to permit them) to demonstrate a profound commitment to such belief by presenting one's case in person, defining in writing one's reasons for requesting the exemption, and acknowledging in writing that the individual has been educated about current, scientifically valid vaccine safety information and the consequences of not being immunized including personal health risks, exclusion from school, and causing injury to vulnerable individuals in the community.***

RATIONALE:

- Outbreaks of vaccine-preventable diseases have been linked to communities of under-vaccinated individuals. For example, in 2011, a measles outbreak in Minnesota occurred when an unvaccinated child returned from an endemic area and spread measles within an under-vaccinated community, resulting in 20 additional cases and 14 hospitalizations. Measles, which has been eliminated as an indigenous disease in the United States, has resurged in Europe due to declining immunization rates. Global travel increases the threat of importation to and transmission within the United States. This was demonstrated in 2011 by the largest number of measles cases in the U.S. in 15 years.
- Infections in under-vaccinated individuals are a threat to people who cannot be vaccinated. Vulnerable populations, such as infants and immunocompromised individuals, depend on vaccinated people in the community to protect them from these severe diseases.
- A CDC study found that vaccination of each U.S. birth cohort with the current childhood immunization schedule saves nearly \$13.6 billion in direct costs. In 2008, investigating and controlling a measles outbreak in Arizona cost an estimated \$800,000.

REFERENCES:

1. CDC. Ten Great Public Health Achievements -- United States, 2001-2010. *Morb Mortal Wkly Rep.* 2011; 60(19):619-623.
2. Chen SY, Anderson S, Kutty PK, Lugo F, McDonald M, Rota PA, Ortega-Sanchez IR, Komatsu K, Armstrong GL, Sunenshine R, Seward JF. Health care-associated measles outbreak in the United States after an importation: challenges and economic impact. *J Infect Dis.* 2011 Jun 1;203(11):1517-25.
3. Glanz JM et al. Parental Refusal of Varicella Vaccination and the Associated Risk of Varicella Infection in Children. *Arch Pediatr Adolesc Med.* 2010;164(1):66-70.
4. Glanz JM et al. Parental Decline of Pneumococcal Vaccination and Risk of Pneumococcal Related Disease in Children. *Vaccine.* 2011 January 29; 29(5): 994-999.
5. Harris KM, Uscher-Pines L, Mattke S, Kellermann AL. A Blueprint for Improving the Promotion and Delivery of Adult Vaccination in the United States. Santa Monica: RAND Corporation; 2012. Available at http://www.rand.org/pubs/technical_reports/TR1169.html. Accessed June 18, 2012.
6. Institute for Vaccine Safety. Personal and religious belief exemptions by state. Available at: <http://www.vaccinesafety.edu/cc-exem.htm>. Accessed June 18, 2012.
7. Kimberlin DW. If not vaccination, then what? *AAP News.* 2012;33(4):1.
8. Omer et al. Vaccine Refusal, Mandatory Immunization, and the Risks of Vaccine-Preventable Diseases. *N Engl J Med.* 2009;360:1981-8.
9. Omer SB et.al. Nonmedical Exemptions to School Immunization Requirements: Secular Trends and Association of State Policies With Pertussis Incidence. *JAMA.* 2006;296:1757-1763.
10. Omer SB et al. Geographic Clustering of Nonmedical Exemptions to School Immunization Requirements and Associations With Geographic Clustering of Pertussis. *American Journal of Epidemiology.* Oct 15 2008; 168(12).
11. Salmon DA, Haber M, Gangarosa EJ, Phillips L, Smith N, Chen RT. Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risks of measles [erratum appears in JAMA. 2000;283:2241]. *JAMA.* 1999;282:47-53.
12. Trust for America's Health, Infectious Diseases Society of America and Robert Wood Johnson Foundation. Adult Immunization: Shots to Save Lives. Available at: <http://www.rwjf.org/publichealth/product.jsp?id=55229>. Accessed June 18, 2012.

Approved by IDSA Board of Directors: June 23, 2012.